NEW YORK STATE DEPARTMENT OF HEALTH NYS Department of Health Controlled Substance Inventory Form for Bureau of Narcotic Enforcement Humane Societies

JUI 3 0 2018

Title 10 of New York State Rules and R facility shall submit a report to the depa	Regulantiff and soft Majadis Enlaceder po irtment signed by an officer or official and the age	nt and include" (the informa	of each quarter of each year, the society of tion requested by this form).	
Facility Name Hi Tor Animal Care Center Inc.				
Agent's Name Laurie Shark	ey			
Address 65 Fireman's Men				
Pomona	State_NY	Zip 10970 County	Rockland	
Telephone Number 845	-354-7900			
Bureau of Narcotic Enforcemen	nt Certificate Number 100 30	0		
DEA Number				
DEM (Valabot)				
	Quarter (†) 💋 (3) (4) (f year <u>2018</u>		
	Circle correct of	uarter		
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Sche	dule III) Ketamine (8	chedule III)	
Previous Amount on Hand	28.5	6.75		
Total Amount Received	100	24		
Total Amount Utilized	29	19		
*Total Amount Lost	0	0		
Ending Amount on Hand	99.5	17:7	5	
Number of Dogs Euthanized	3	3		
Number of Cats Buthanized	2	2	•	
Other Species Euthanized (spec	eify)			
* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss. Signed:				
Print Name:				
To be completed by registered listed above. Any loss has been Signature of Agent Date Date	Signatur	I affirm that the statement of the state	its made are true.	

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

NYS Department of Health Quarterly Controlled Substance Inventory Form for APR 26 2018 **Humane Societies**

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form). Facility Name Hi Tor Animal Care Center Inc. Agent's Name Laurie Sharkey Address 65 Fireman's Memorial Dr County Rockland State NY Zip 10970 Pomona 845-354-7900 Telephone Number Bureau of Narcotic Enforcement Certificate Number DEA Number Quarter (1) (2) (3) (4) of year 2018 Circle correct quarter CONTROLLED SUBSTANCE Mixture of Sod, Pentobarbital (Schedule III) Ketamine (Schedule III) Previous Amount on Hand 51.5 5.25 Total Amount Received 0 12 Total Amount Utilized 23 10.5 *Total Amount Lost 0 0 28.5 6.75 **Ending Amount on Hand** Number of Dogs Euthanized 2 4 Number of Cats Euthanized 2 Other Species Euthanized (specify) * Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss. Print Name: To be completed by registered agent: I certify that on $\frac{\mathcal{G}}{|\mathcal{G}|}$ I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true.

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Signature of Officer of Society or Facility

Mail completed forms to: Bureau of Narcotic Enforcement

Riverview Center 150 Broadway Albany, NY 12204 (866) 811-7957

Date

NEW YORK STATE DEPARTMENT OF HEALTH Department of Health Bureau of Narcotic Enforcement

JAN 2 9 2018

Quarterly Controlled Substance Inventory Form for Humane Societies

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Bureau of Na	LCORC LINE

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include...," (the information requested by this form).

Agent's Name Laurie	Sharkey			
Address 65 Fireman	's Memorial Dr			
Pomona		State_NY	Zip 10970	County Rocklar
Telephone Number	845-354-7900			
	orcement Certificate Number			

Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	67.5	7.9
Total Amount Received	0	12
Total Amount Utilized	16	14.65
*Total Amount Lost	0	0
Ending Amount on Hand	51.5	5.25
Number of Dogs Euthanized	11	11
Number of Cats Euthanized	17	16
Other Species Euthanized (spec	cify)	

* Loss of controlled substances must be reported to the Burea	au of Narcotic Enforcement. Briefly explain the loss.
Signed:	
Print Name:	
To be completed by registered agent: I certify that on // listed above. Any loss has been noted. Under the penalties of Signature of Agent 1/6/20/8 Date Da	6//8 I conducted a physical inventory on the controlled substances of perjury, I affirm that the statements made are true. Signature of Officer of Society or Facility Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

OCT 18 20 7 Quarterly Controlled Substance Inventory Form for Humane Societies

	acau of Narcotic Enforcement	
Title 10 of New York State Rules and I facility shall submit a report to the depart	Regulations Part 80.134(k) states: "Quarterly reports. Within 1 artment signed by an officer or official and the agent and include	10 days of the end of each quarter of each year, the society or e" (the information requested by this form).
Facility Name Hi Tor Anima	Care Center Inc.	
Agent's Name Laurie Shark	ey	
Address 65 Fireman's Mer		
Pomona	State NY Zip 1097	O County Rockland
	-354-7900	
Bureau of Narcotic Enforcement	nt Certificate Number	
DEA Number		
	Quarter (1) (2) (4) of year 201 Circle correct quarter	
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	3.5	8
Total Amount Received	100	12
Total Amount Utilized *Total Amount Lost	36	12.1
Ending Amount on Hand	67.5	250 1 10 7.9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2		
Number of Dogs Euthanized	3	3
Number of Cats Euthanized	. 9	9
Other Species Euthanized (spec	cify)	
	must be reported to the Bureau of Narcotic Enforce	ement. Briefly explain the loss.
listed above. Any loss has been	d agent: I certify that on 10/1/17 I conducted in noted. Under the penalties of perjury, I affirm the	at the statements made are true.
Signature of Agent // // // Date	Signature of Office [O/O] Date	ef of Society or Facility

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

OCT 1 8 2017

Quarterly Controlled Substance Inventory Form for Humane Societies

	2211 of Namatha Enforcement			
Title 10 of New York State Rules and facility shall submit a report to the de	া উন্তান কৰি Narcotic Enforcement Regulations Part 80.134(k) states: "Quarterly reports. Within 1 spartment signed by an officer or official and the agent and include	O days of the end of each quarter of each year, the society or " (the information requested by this form).		
Facility Name Hi Tor Anim				
Agent's Name Laurie Shar	rkey			
Address 65 Fireman's Me	emorial Dr			
Pomona	State NY Zip 1097	0 County Rockland		
Telephone Number 84	5-354-7900			
Bureau of Narcotic Enforcem	ent Certificate Number			
DEA Number				
	Quarter (1) (3) (4) of year 201 Circle correct quarter	7		
CONTROLLED SUBSTANCE	Mixture of Sod, Pentobarbital (Schedule III)	Ketamine (Schedule III)		
Previous Amount on Hand	65	3		
Total Amount Received	0	24		
Total Amount Utilized	61.5	19		
*Total Amount Lost	0	0		
Ending Amount on Hand	3.5			
Number of Dogs Euthanized	7	7		
Number of Cats Euthanized	4	4		
Other Species Euthanized (sp	есну)			
	es must be reported to the Bureau of Narcotic Enforc	ement. Briefly explain the loss.		
Signed:				
Print Name:				
To be completed by register listed above. Any loss has be	red agent: I certify that on <u>/0 / / / / ?</u> I conducted agent noted. Under the penalties of perjury, I affirm that	a physical inventory on the controlled substances at the statements made are true.		
$7)_{\alpha}$ α	Toppio	Dillaglo		
Signature of Agent	Signature of Office	r of Society or Facility		
/0 /1 // † Date		1/17		
False statements made herei	n are punishable as a Class A misdemeanor, pursua	ınt to section 210.45 of the Penal Law.		
Mail completed forms to: P.	room of Morrotio Enforcement			
	reau of Narcotic Enforcement verview Center			
· · · · · · · · · · · · · · · · · · ·	0 Broadway			
AI	bany, NY 12204 56) 811-7957			

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JUL 1 7 2017 Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of	Marcotic	Enforcen	rent

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DIFFAU	VI 18	alco	u	-111	JI CCI I	

Title 10 of New York State Rules and I facility shall submit a report to the depart	Regulations Part 80.134(k) states: "Quarterly reports. Within 1 artment signed by an officer or official and the agent and includ	d days of the end of each quarter of each year, the society e" (the information requested by this form).
Facility Name Hi Tor Anima	l Care Center Inc.	
Agent's Name Laurie Shark	rey	
Address 65 Fireman's Mer		
	State NY Zip 1097	O Gorman Bockland
Pomona		Chillip Hoolderia
Telephone Number 845	-354-7900	
Bureau of Narcotic Enforcement	nt Certificate Number 10036	
DEA Number		
DEA Numoe		
	Quarter (1) (2) (3) (4) of year 201 Circle correct quarter	7
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	65	2
Total Amount Received	0	0
Total Amount Utilized	0	0
*Total Amount Lost	0 65	
Ending Amount on Hand	A production of the second section (1995)	<u> </u>
Nh of Dage Futhenized	0	0
Number of Dogs Euthanized Number of Cats Euthanized	: 0	0
Other Species Euthanized (spe	The state of the s	
	s must be reported to the Bureau of Narcotic Enfor	cement. Briefly explain the loss.
Print Name:		
listed above. Any loss has bee	an noted. Under the penalties of perjury, I affirm the	a physical inventory on the controlled substance at the statements made are true.
Danne Shor	h Du Di	er of Society or Facility
Signature of Agent	Signature of Office	or or booking or radius
4/1/19	4/20/	17
Date	Date	
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.
150	erview Center) Broadway	
	pany, NY 12204	
(86	6) 811-7957	

JAN 1 7 2017 Quarterly Controlled Substance Inventory Form for Humane Societies

ಶ ureau (of	Narcotic	Enforcement
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Title 10 of New York State Rules and I facility shall submit a report to the department.	Regulations Part 80.134(k) states: "Quarterly reports. Within a artment signed by an officer or official and the agent and includ	10 days of the end of each quarter of each year, the soci le" (the information requested by this form).
Facility Name Hi Tor Anima	l Care Center Inc.	
Agent's Name Laurie Shark	key	
Address 65 Fireman's Mer	morial Dr	
Pomona	State NY Zip 1097	0 County Rockland
Telephone Number 845	-354-7900	
	nt Certificate Number	
	, Oppulation Franco.	
DEA Number		
	Quarter (1) (2) (3) (4) of year 20 Circle correct quarter	<u>16</u>
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	27.5	5
Total Amount Received	100 62.5	24 27
*Total Amount Utilized *Total Amount Lost	0	0
Ending Amount on Hand	65	2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Number of Dogs Euthanized	5	5
Number of Cats Euthanized Other Species Euthanized (species)	18	18
Other Species Edutatized (apo-	0113)	
* Loss of controlled substances	must be reported to the Bureau of Narcotic Enforce	cement. Briefly explain the loss.
G!1		
Signed:		
Print Name:		
To be completed by registere	d agent: I certify that on <u>//////</u> I conducted n noted. Under the penalties of perjury, I affirm th	a physical inventory on the controlled substan- at the statements made are true.
Danie She	ny Debble	Diberord.
Signature of Agent	/ Signature of Office	er of Society or Facility
1/7/16	1/10/1	7
Date	Date	
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.
Mail completed forms to: Bure	eau of Narcotic Enforcement erview Center	the contract of the
	Broadway	And the second of the second o
and the second of the second o	any, NY 12204	
(86)	6) 811-7957	en e

NYS Department of Health

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

OCT 1.1 2016

Quarterly Controlled Substance Inventory Form for Humane Societies

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form). Facility Name Hi Tor Animal Care Center Inc. Agent's Name Laurie Sharkey Address 65 Fireman's Memorial Dr County Rockland State NY Zip 10970 Pomona 845-354-7900 Telephone Number Bureau of Narcotic Enforcement Certificate Number Quarter (1) (2) (3) (4) of year 2016 Circle correct quarter Mixture of Sod. Pentobarbital (Schedule III) Ketamine (Schedule III) CONTROLLED SUBSTANCE 10.5 Previous Amount on Hand 100 60 Total Amount Received 65.5 120.5 Total Amount Utilized 0 *Total Amount Lost 27.5 Ending Amount on Hand 6 6 Number of Dogs Euthanized 56 Number of Cats Euthanized Other Species Euthanized (specify) * Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss. Print Name: Laurie To be completed by registered agent: I certify that on 10/1/16 I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, I affirm that the statements made are true. Signature of Officer of Society or Facility Signature of Agent Date

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

JUL 1 3 2016 Quarterly Controlled Substance Inventory Form for **Humane Societies**

Bureau of Narcotic Enforcement

Title 10 of New York State Rules and F facility shall submit a report to the depart	Regulations Part 80.134(k) states: "Quarterly reports. Within 1 intment signed by an officer or official and the agent and include	O days of the end of each quarter of each year, the society of e" (the information requested by this form).
Facility Name Hi Tor Anima		
Agent's Name Laurie Shark	ey	**
Address 65 Fireman's Mer	norial Dr	
Pomona	State NY Zip 1097	0 _{County} Rockland
Telephone Number 845	-354-7900	
Bureau of Narcotic Enforcemen	nt Certificate Number \\CC3(n)	
DEA Number	3.5400	
DEA MUNIOCI		
	Quarter (1) (2) (3) (4) of year 20	16
	Circle correct quarter	
CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	35	5
Total Amount Received	100	48
Total Amount Utilized	87.	42.5
*Total Amount Lost	0	0
Ending Amount on Hand	48	10.5
N. C.	F	
Number of Dogs Euthanized Number of Cats Euthanized	5 27	5 27
Other Species Euthanized (spec		
Offici Species Eumanized (spec	(ily)	
* Lose of controlled substances	must be reported to the Bureau of Narcotic Enforce	ement Briefly explain the loss
Loss of controlled substances	/ / /	omone. Drieny explain the less.
Signed:) aure	Then my	
Print Name: Laurie	Sharkey	
To be a lated by posterior	d agent: I certify that on 1/1/6I conducted	a physical inventory on the centralled cubetoness
listed above. Any loss has been	n noted. Under the penalties of perjury, I affirm the	at the statements made are true
	r holed. Onder the penalties of perjuly, 1 diffin th	at the statements made and a de.
Signature of Agent	Signature of Office	or of Society or Facility
7/1/16		16
Date	Date / 6 /	
False statements made herein	are punishable as a Class A misdemeanor, pursu	ant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include..." (the information requested by this form).

Facility Name	Hi Tor	Animal Care Center Inc.				
Agent's Name	Laurie	Sharkey				
Address 65 F	ireman	's Memorial Dr				
Porr	nona		State_NY	Zip_10970	County	Rockland
Telephone Nu	mber	845-354-7900				
Bureau of Nar	cotic Enf	orcement Certificate Number				
DEA Number			WANTE STORY			

Quarter (0 (2) (3) (4) of year 2016 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	20.0	6.5
Total Amount Received	100.0	48.0
Total Amount Utilized	85.0	49.5
*Total Amount Lost	0	0
Ending Amount on Hand	35	5
Number of Dogs Euthanized	5	5
Number of Cats Euthanized	32	32
Other Species Euthanized (spec	cify)	

* Loss of controlled substances must	be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.
Signed: Jame Sha	
Print Name: Laurie Sha	kuj
To be completed by registered age	t: I certify that on 1/1/6 I conducted a physical inventory on the controlled substances
	l. Under the penalties of perjury, I affirm that the statements made are true.
Signature of Agent	Signature of Officer of Society or Facility
4/1/16	4/5/16
Date	Date /

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

Quarterly Controlled Substance Inventory Form for Humane Societies

Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports. Within 10 days of the end of each quarter of each year, the society or facility shall submit a report to the department signed by an officer or official and the agent and include" (the information requested by this form).
Barrier Name Hi Tor Animal Care Center Inc.

Facility Name Hi Tor Animal Care Center Inc.				
Agent's Name Melissa O'Malley				
Address 65 Fireman's Memorial Dr				
Pomona	State NY	Zip 10970	County_	Rockland
Telephone Number 845-354-7900				
Bureau of Narcotic Enforcement Certificate Number_				
DEA Number_				

Quarter (1) (2) (3) of year 2015 Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	62.5	4.5
Total Amount Received	100.0	72.0
Total Amount Utilized	142.5	70.0
*Total Amount Lost	0	0
Ending Amount on Hand	20.0	6.5
Number of Dogs Euthanized	7	7
Number of Cats Euthanized	71	71
Other Species Euthanized (spec	cify)	

* Loss of controlled substances must be reported to the Bureau of Narcotic Enforcement. Briefly explain the loss.
Signed: ///ULIA /// QUITY
Print Name: Melissa O'Malley
To be completed by registered agent: I certify that on let I conducted a physical inventory on the controlled substances listed above. Any loss has been noted. Under the penalties of perjury, Laffirm that the statements made are true.
Melista malty falle
Signature of Agent Signature of Officer of Society or Facility
$\frac{3 26 16}{\text{Date}} \qquad \frac{3 26 16}{\text{Date}}$

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

NEW YORK STATE DEPARTMENT OF HEALTH

Bureau of Narcotic Enforcement

APR 10 8 2016 Controlled Substance Inventory Form for Humane Societies

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Bureau of	Narcotic	Enforcement
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Title 10 of New York State Rules and Regulations Part 80.134(k) states: "Quarterly reports	. Within 10 days of the end of each quarter of each year, the society or
facility shall submit a report to the department signed by an office or official and the agent	and include" (the information requested by this form).

Facility Name Hi Tor	Animal Care Center Inc.				
Agent's Name Meliss	a O'Malley				
Address 65 Fireman					
Pomona		State_NY	Zip 10970	County	Rockland
Telephone Number	845-354-7900				
Bureau of Narcotic Enf	orcement Certificate Number_				
DEA Number					

Quarter (1) (2) (3) (4) of year 2015

Circle correct quarter

CONTROLLED SUBSTANCE	Mixture of Sod. Pentobarbital (Schedule III)	Ketamine (Schedule III)
Previous Amount on Hand	18.5	9.5
Total Amount Received	100.0	24.0
Total Amount Utilized	37.5	19.5
*Total Amount Lost	18.5	9.5
Ending Amount on Hand	62.5	4.5
Number of Dogs Euthanized	1	1 1
Number of Cats Euthanized	29	29
Other Species Euthanized (spec	cify)	

False statements made herein are punishable as a Class A misdemeanor, pursuant to section 210.45 of the Penal Law.

Mail completed forms to: Bureau of Narcotic Enforcement

The loss of the 18.5cc of Mixture of Sod. Pentobarbital & 9.5cc of Ketamine was due to the fact that the previous drug agent left the shelter on 5/5/15, in not the best of terms, and she had placed the remaining drugs in a locked box and would not give us the key until we had a new drug agent in place. It took us 4 months to register a new drug agent and in the mean time we had our animals euthanized by a licensed veterinarian. When we finally opened the box we found that the previous drug agent had left needles in the remaining bottles and we believe the drugs dissipated due to the needles being left in them.